1085

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

				y y	0 0
Name of Offering	(□ check if this is an amendment and	name has	changed, ar	nd indicate	change.)
GF Capital Real Estate I,	LLC Membership Interests in the aggre	gate princ	cipal amou	nt of up to	\$6,000,500
) that apply):□ Rule 504 □ Rule 505				(6) ULOE
Type of Filing:	■ New Filing	ent			
	A. BASIC IDENTIFICATION	ON DATA			
	on requested about the issuer				
,	f this is an amendment and name has chang	ged, and in	dicate chan	ge.)	
GF Capital Real Estate I,			T 1 1	NI /I 1	1' A C - 1 - \
	es (Number and Street, City, State, Zip Cod	e)	•	•	iding Area Code)
390 Park Avenue, New Yo		. 7:	(212) 433		1: 4 (2.1)
-	ss Operations (Number and Street, City, S	tate, Zip	lelephon	e No. (Incli	iding Area Code)
Code) (if different from Exe	cutive Offices)				A APAAF
D: CD ::: CD :					PROCESSE!
Brief Description of Busine	SS				
701.	14-4-			(i	APR 29 2004
The issuer will invest in re					THOWSON
Type of Business Organizat		c 1		•	FINANCIAL
□ corporation	☐ limited partnership, already		E3	.1 (1	'C \
□ business trust	☐ limited partnership, to be for	ormed	X	other (plea	se specify)
limited liability company, a		1	X.r.		
A . 1 P 1P	Mont	h	Year	A 1	
	Incorporation or Organization: 03	D . 10	2004		☐ Estimated
Jurisdiction of Incorporation	,				State: DE
	CN for Canada; FN fo	or other to	reign jurisd	iction)	
GENERAL INSTRUCTIONS					
Federal:					

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the informati	on requested for the	A. BASIC IDENTIFICA	ATION DATA	 	
		if the issuer has been organ	nized within the past five	vears:	
					% or more of a class of equity
	s of the issuer;				
• Each exe	ecutive officer and d	irector of corporate issuer	s and of corporate general	l and managing p	artners of partnership issuers;
	neral and managing p	partner of partnership issue	ers.		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,					
GF Capital Real Estate Fur Business or Residence Addre		eet City State Zin Code			
390 Park Avenue, New Yor		eci, eng, etate, zip code			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Kahane, William M.					
Business or Residence Addre					
c/o GF Capital Real Estate					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Fuhrman, Gary Business or Residence Addre	ess (Number and Str	eet City State Zin Code	 		
c/o GF Capital Real Estate			0022		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Baker, Erik	if individual)				
Business or Residence Addre					
c/o GF Capital Real Estate					5 0 1 1/
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and Str	eet, City, State, Zip Code			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and Str	eet, City, State, Zip Code			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and Str	eet, City, State, Zip Code			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and Str	eet, City, State, Zip Code			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary).

	(.				B. INFO	RMATIO	N ABOU	T OFFER	ING					
•				_	_			-					Yes	No
1.	Has the	e issuer s	old, or do								ffering?		🗖	X
2.	Whati	a tha min	:					n 2, if fili					e = 0.0	
۷.	wnati	s me mm	imum inv	restment	mat will	be accept	led from	any indiv	iduai?	•••••	••••••		\$ 500 Yes	No
3.	Does t	ne offerin	g permit	ioint owi	nership o	f a single	unit?							
4.	Enter	the infor	mation r	equested	for each	n person	who ha	s been o	r will be	paid or	r given,	directly	or indire	ctly, any
														ring. If a
														or states,
								persons t ealer only		ed are ass	sociated p	persons o	f such a	broker or
	uealei,	you may	set for th	uie iiiioi	mation it	or that or	okei oi u	calci only	· •					
E. II M.	(T aa		is:	:					 -					
run na	ime (Las	t name fi	rst, ii iiiu	ividuai)										
D i	D	: J A	11	7 1	. 1 C+	C:+. C+	-t- 7:- C	7-4-1						
Busine	ss or Kes	idence A	aaress (N	number a	na Street,	, City, Sta	ate, Zip C	lode)						
Name (of Associ	ated Bro	ker or De	aler			***	ш.						<u>-</u>
States	n Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers						
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(Check	. All Sta	ies of ci	ieck mar	viduai Sta	nes)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••	• • • • • • • • • • • • • • • • • • • •		🗀 Aii	States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Las	t name fi	rst, if ind	ividual)										
Busine	ss or Res	idence A	ddress (N	lumber a	nd Street	, City, Sta	ate, Zip C	Code)						
Name (of Assoc	iated Bro	ker or De	aler										
States	n Which	Person I	isted Ha	s Solicite	d or Inter	ids to So	licit Purc	hasers		<u></u> -				
(Check	"All Sta	tes" or cl	neck indiv	vidual Sta	ates)						• • • • • • • • • • • • • • • • • • • •		🗖 All	States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]		
Full Na	me (I as	t name fi	rst if ind	ividual)										
Busine	ss or Res	idence A	ddress (N	Jumber a	nd Street,	City, St	ate, Zip C	Code)						
Name	of Assoc	ated Bro	ker or De	aler			n.,	····						
States	n Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers						
(Check	"All Sta	tes" or ch	neck indiv	vidual Sta	ates)					••••••			🗆 Ail	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary).

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security	Aggregate Offering Price	Amount Already
Debt		\$0
Equity	\$ <u>0</u>	\$0
☐ Common ☐ Preferred		
Convertible Securities (including warrants)		\$0
Partnership Interests.		\$0
Other (Specify: Membership Interests)		\$6,000,5 \$6,000,5
Answer also in Appendix, Column 3, if fil	ing under ULOE.	
Enter the number of accredited and non-accredited investors who aggregate dollar amounts of their purchases. For offerings under I purchased securities and the aggregate dollar amount of their purchase "zero."	Rule 504, indicate the number of	f persons wh
		egate Dollar
A name dident Turning town		unt of Purcha
Accredited Investors		\$6,000,500 \$0
Total (for filings under Rule 504 only)		\$0
Answer also in Appendix, Column 4, if fil	ing under ULOE.	
If this filing is for an offering under Rule 504 or 505, enter the inform date, in offerings of the types indicated, in the twelve (12) months Classify securities by type listed in Part C -Question 1.		
Type of offering	Type of	Dollar
	Security	Amount
Rule 505	<u>N/A</u>	\$0
Regulation A		\$ 0
Rule 504 Total	-	\$0 \$0
	er. The information may be given	as subject t
Exclude amounts relating solely to organization expenses of the issue	ash an estimate and check the b	
Exclude amounts relating solely to organization expenses of the issue contingencies. If the amount of an expenditure is not known, furn estimate. Transfer Agent's Fees		\$0
		\$(\$ \$(\$ \$_75,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS...

- b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$5,920,500
- 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C question 4.b above

	Payments to Officers,	
	Directors &	Payments To
	Affiliates	Others
Salaries and fees		□ \$0
Purchase of real estate	🗖 \$ <u>0</u>	_ 🗖 \$0
Purchase, rental or leasing and installation of machinery and equipment	🗆 \$ <u>0</u>	_ 🗖 \$0
Construction or leasing of plant buildings and facilities	□ \$ 0	□ \$0
Acquisition of other businesses (including the value of securities involved in this		_
offering that may be used in exchange for the assets or securities of another issuer		
pursuant to a merger)	□ \$0	S 0
Repayment of indebtedness		□ \$0
Working capital	🗖 💲 🗀	≥ \$5,920,500
Other (specify):		□ \$0
Column Totals		≥ \$5,920,500
Total Payments Listed (column totals added)		,920,500
D ENDED AT CYCLUME		

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) GF Capital Real Estate I, LLC	Signature B	Date April 26, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Erik Baker	Secretary	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.		52 presently subject to any of the disqualification	Yes No □ ⊠
	See .	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertal notice on Form D (17 CFR 239.500) at	kes to furnish to any state administrator of any state such times as required by state law.	in which this notice is filed, a
3.	The undersigned issuer hereby undertake by the issuer to offerees.	tes to furnish to the state administrators, upon written	request, information furnished
4.	Uniform Limited Offering Exemption	the issuer is familiar with the conditions that must b (ULOE) of the state in which this notice is filed a on has the burden of establishing that these conditions	nd understands that the issuer
	suer has read this notification and knows dersigned duly authorized person.	the contents to be true and has duly caused this notic	e to be signed on its behalf by
	r (Print or Type)	Signature	Date

April 26, 2004

Instruction:

Erik Baker

GF Capital Real Estate I, LLC

Name of Signer (Print or Type)

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Title of Signer (Print or Type)

Secretary

>				APPEND	OIX	· · · · · · · · · · · · · · · · · · ·			
1	Intend to sell to non- accredited investors in State (Part B-Item 1) Intend to Type of security and aggregate offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)				
State	Yes	No		Number of Accredited Investors	Accredited Accredited				No
AL									
AK	-								
AZ			······································						
AR									
CA									
со			····						
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APPEN	DIX									
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Intend to sell to non-accredited investors in State (Part 3		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MN							····			
MS										
МО										
MT										
NE										
NV										
NH										
NJ										
NM										
NY		X	Membership Interests/\$6,000,500	2	\$6,000,500	0	0		X	
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ND								<u> </u>	<u> </u>	
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APPEN	DIX ·									
1	Inte sell t accr inves State	end to to non- edited stors in e (Part tem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
VA										
WV										
WA										
WV										
WI										
PR										